

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. LIV.

THURSDAY, MARCH 27, 1856.

No. 8.

TRIAL FOR MAL-PRACTICE.

[Concluded from page 138.]

Ptolemy Edson called.—I am a practitioner of medicine and surgery. I have been in practice forty-five years. The duty of the surgeon when called to see a patient where there may or may not be fracture, is to make an examination at once. If not called until after swelling and inflammation have taken place, he must make a slight examination only. If there has been injury of the soft parts, more swelling takes place. If there is much swelling, he should put the limb in as quiet a condition as possible and apply cooling lotions. Fracture without displacement is very common in transverse fractures, and especially in parts where there is another bone. If the fracture is near a joint, it is very difficult to detect; and if there be much swelling, it may not be determined without using such force as would be an injury to the patient. The examination should not be made until the swelling and inflammation had subsided in a great measure; for the reason that union will not take place while the parts are in such a highly inflamed state. Splints are used to keep bones in place. When there is another bone in the part, it furnishes one of the best splints we can have. Splints may often be dispensed with. When splints are used, bandages must also be applied. I think Dr. Loomis treated the limb in this case right. I think a patient, in such a case as this, ought not to be moved for the first eleven days. If it was absolutely necessary, she should be moved on a litter. If moved in the manner shown by the testimony, I should fear displacement. I never saw a case in practice, of fracture of the radius within an inch and a half of the wrist-joint, without dislocation of the ulna. We have very few accounts of such in medical books. It is very difficult to discover fractures of the radius at this point. The usual way to detect it, is to observe the motions of the wrist and hand, and this is not always sure. In a case like this, as testified by the defendant, if I could discover no displacement, I should place the arm in as quiet a position as possible and apply cooling lotions. After I had examined it once, I should not probably examine it a second time, if I heard no complaint.

Cross-Examined.—When there is a dislocation of one bone and a fracture of another, I should reduce the dislocation and apply splints. I use splints more than is usually done now. If there is dislocation, the eye will detect it at once; as the joint will be thrown out of shape. Should think if the displacement of the tibia took place all at once, the patient would think something extraordinary had taken place. It might be displaced gradually. If displacement took place some time after the fracture, it might occasion only slight swelling. The pain would subside soon after the displacement—in an hour or two.

Edwin Hazen called.—I am a physician and surgeon. I have practised medicine thirteen years. I have seen the plaintiff, and examined her wrist and leg. I found indications of a transverse fracture at the wrist. There is no apparent dislocation of the ulna, and no evidence of any dislocation ever having taken place there. The ulna is a little more prominent than usual, from the hand being carried more to the radial side of the arm. I found evidence of a transverse fracture of the tibia about three inches below the knee-joint. I measured both limbs. There is no evidence now that there has ever been any dislocation of the fibula. I think it would have broken rather than its ligaments have given away. I heard Dr. Loomis testify. I think his treatment of this case was correct.

Cross-Examined.—I think the examination would not be so satisfactory as one made six or eight weeks after the accident. If the fibula had been dislocated, there would have been more deformity than there is.

Direct Examination resumed.—If the fibula was dislocated, and not reduced within a few weeks from the time of injury, it would present the same appearance now. She had her leg bandaged from the foot to the knee, with a book cover under the bandage. She said it was to reduce the pain. I think the bandages have had a bad effect on the limb. The muscles have grown smaller—are atrophied.

Witness summoned by Plaintiff.

Thomas C. Powers called.—I was called about ten days ago to go and see the plaintiff. I examined both her leg and arm. I discovered that there had been a fracture of the upper part of the tibia, and there was a lateral displacement of about one quarter of an inch. The upper end of the lower fragment had been carried toward the fibula—it may be from a quarter to a half an inch. It has united in the situation I have described. I have practised medicine and surgery for twenty-eight or twenty-nine years. I was not able to make up my mind that there was any dislocation of the fibula. I examined the wrist, and found the radius had been broken about an inch and a half from the joint, and the upper fragment carried towards the ulna. There is a deformity there now. At the first examination I made, I thought there had been no dislocation of the ulna; I have since examined it and I think there has been a dislocation of the ulna. I don't see how this deformity

could exist, unless there had been such a dislocation. I think there is nothing unusual in a fracture at this point. If there was not much swelling, there would not be much difficulty in detecting fracture at this point. When no bone is broken, but only a bruise, I should suppose a removal could be made without difficulty. If the leg was fractured, a removal would tend to produce inflammation and swelling.

Cross-Examined.—I think a sudden displacement would produce more immediate pain than if it was gradual. The broken ends project in towards the ulna. I think the deformity is too much for a simple fracture. It is difficult to tell whether there was any dislocation of the ulna or not. A fracture might exist in the radius, and the ulna be dislocated, and still the patient might be able to give a rotary motion to the hand. The mere fact of pain in rotating the hand, would not of itself indicate whether it was a fracture or a sprain. There might be difficulty in determining where the fracture now is; and a difference of opinion as to where it is.

The two main points at issue in this case, were the correctness of the surgical treatment by Dr. Loomis, and the propriety of his discontinuing his attendance after the patient's removal. In regard to the second point, no opinion was given by the medical witnesses—the questions put to them by the plaintiff's counsel having reference to circumstances which did not exist, namely, what would be a surgeon's duty in relation to continued attendance on his patient who had removed her place of residence *having previously informed him of her intention to do so*? It had been testified by Dr. Loomis himself, and deposed by the nurse, that when Dr. Loomis became acquainted with the general desire of the patient to be removed as soon as she was able, he had uniformly discouraged it, and had said, that, should it become unavoidable, he must come and apply splints and rollers to the limb. He had never been called upon to do so, and when, therefore, on one occasion he came and found the patient gone, he was fully justified in considering the contract between them to have been annulled by the act of the patient herself. If bound to follow her to the next town, why not further? Where is to be the limit? And this was the view taken by the counsel for the defence.

The other point—the correctness of the treatment—included the propriety of omitting such an examination of the leg as would determine absolutely the existence of fracture of the tibia, the propriety of omitting the application of splints to the limb, and the justification of the surgeon in not discovering the fracture of the radius.

On these three points, the testimony of the physicians who were called upon the stand had reference to the case in hand. As to the time for learning exactly the state of a fractured bone and reducing it, every surgeon knows that to put the fragments in place is the readiest mode of reducing inflammation. But in the trans-

verse fracture of one bone of the leg, where there appeared to be no displacement, and it was hardly possible, from the anatomical arrangement of the parts, that any should exist, there is no reason for handling a limb—already very much swollen by serious contusion—as roughly as would be necessary to discover such a fracture as existed in this case. It would be the worst practice to do so.

John Bell is very strong on this point. The "Principles of Surgery," by that acute surgeon, contains a paragraph which I shall quote entire, as it refers to several points at issue in this case. "In fractures of the lower extremities there is no occasion for bandages, for the patient lying in bed, the part is in no danger of being moved. Unless you could invent a machine which could enable a patient to walk or stand upon his leg, you need none. In all fractures of the leg, then, simple as well as compound, you merely lay the limb out upon its pillow or splint; nothing but convulsions, delirium or mania, can endanger the fracture or require bandaging. In laying a fractured leg, where but one bone is broken, you need be at no pains about the posture; if the leg lie easy, and the patient complain of no pain, all must be right; but when both bones are broken, you must be at pains to trace the sharp line of the tibia with your finger—for that regulates the posture of the leg. This you cannot do at first, because the general swelling hides the bone, but you have no fear of altering the posture of the limb, and you know that the subsiding of the swelling marks the proper period for ascertaining the posture of the limb."*

So Sir Charles Bell says, "when swelling has arisen, an examination of the position of the bones will be found impracticable." I shall be pardoned, I trust, for referring to several good authorities on this point and the question of the use of splints, although it is well known that there is no difference in the practice of surgeons in this respect.

John Hunter says, "splints should not be applied till after inflammation has subsided." Nathan Smith warns his reader against the application of splints in such a way as to produce injury by their pressure. Dr. Hayward, in his volume of Surgical Reports, page 82, speaks of pressure as liable to cause ulceration or sloughing. Mr. Fergusson says that in certain cases (where there is great injury of the soft parts) it is necessary to do without splints. Mr. Cooper, in his Surgical Dictionary (p. 378), says, "when the fragments are not out of their relative position, the surgeon must strictly refrain from all avoidable disturbance of the limb." In South's translation of *Chelius* (Vol. I. p. 556), we have the following remarks. "No fracture (collar-bone and oblique fracture excepted) should ever be set, that is, put in splints and bandaged, till after three or more days, or, more properly speaking, till the swelling has ceased, and nearly or completely subsided. * * * * Therefore, all that should be done at first, is, to lay the limb upon a pillow, in a position which

* Principles of Surgery, by John Bell, New York Edition, 1810, p. 123.

gives the patient the greatest ease and soothes the irritability of the muscles."

We have thus discussed the first and second points—upon which the daily practice of all good surgeons is sustained by the highest authorities among surgical writers.*

The third point relates to the fracture of the radius. A *transverse* fracture of the radius within an inch and a half of the lower extremity, *without displacement of the fragments*, and without dislocation of the ulna, is a very rare occurrence. So much so, that I am not aware of any author except Chelius who makes any mention of it. But we have his authority for saying that it does occur, and that it is extremely difficult of recognition.

Had the fracture been oblique, as it usually is, there would, in most instances, have been displacement of the fragments at once, and the nature of the accident could not have escaped the observation of the surgeon; but the fragments were probably so intimately engaged at their surfaces, that, in the absence of any physiological force to draw them asunder, they gave no crepitus nor indication of mobility. They became gradually displaced after the limb had passed from the observation of the surgeon and the patient began to use her hand. It was then that the nurse first noticed that the wrist was "growing out."

I have referred to Chelius. The following remarks are taken from South's translation of Chelius, Vol. I., p. 611, American Ed. "Fracture of the radius is mostly consequent to a fall on the hand, when the arm is outstretched; in which case it usually happens in the middle of the bone. More rarely it is produced by direct violence.

"The diagnosis is not difficult; the seat of fracture is felt, and, during pronation and supination, crepitation also. The fractured ends turn towards the cubit. *Only when the fracture is near the lower end of the bone is the diagnosis difficult*, and its confounding with sprain so much the more possible, as *frequently at the first there is scarcely any or no distortion of the hand, nor is its motion interfered with.*" Whereas, when displacement has occurred, he says "pronation and supination, bending and violent straightening of the hand, are very painful and restricted, &c. &c." It is inevitable, from analogy with experience of other fractures, to believe, that if in addition to the fracture being near the lower extremity of the radius, it is also *transverse*, the possibility of its occurring without displacement becomes a strong probability.

Thus much for the case as it was presented at the trial. The jury found no difficulty in bringing in a verdict for the defendant, and he was declared not guilty. It now becomes us to inquire if there was anything in the condition of the woman—irrespective of

* If the object be attained, namely, the keeping the fragments in apposition and at rest, it matters not how it be done. Where splints are inadmissible, the double inclined plane in fracture of the femur, or pillows and cushions in a case like this, are the proper thing. The case was treated as if it were a fracture, thus giving the patient the benefit of the doubt.

the connection of Dr. Loomis with the case—which justified an action for mal-practice. Had she sustained any injury? Was she in any degree lamed or deprived of the full and free use of her leg? These are extremely important questions, and had they been put to the medical witnesses on the stand, not one of them would have answered them in the affirmative. The tibia is broken transversely, and one fragment is displaced laterally to the extent of more than a quarter and less than half an inch, leaving the surfaces in apposition over an extent of three fourths of an inch at the least. Union takes place. And every surgeon knows that the tibia will be as strong as ever—that, after eighteen months, if another accident were to produce fracture of the bone, it would be as likely, and probably more likely, to take place anywhere else than there. Why, then, is she still a cripple? Why does she come into court on crutches? Because of the subsequent treatment of the case. The physician at Walpole, N. H., who saw her twenty-eight days after the injury, applied splints and rollers. The bandage has been continued to the present time—whether by his advice or not I am not informed, and it did not appear in evidence. But that the steady bandaging and the entire disuse of the limb are the exclusive and sufficient causes of its present useless condition, there can be no doubt. Dr. Hazen testified to the manner in which a roller was worn upon her leg; he was the only witness, except Dr. Powers, who had an opportunity of examining her.

The confinement of six or eight weeks which every patient with fracture of the leg necessarily undergoes, leaves him with atrophied muscles and stiff joints, and his first steps are always taken with pain and difficulty. How, then, can it be otherwise when three years have elapsed instead of two months? It does not require disease to produce the same results; false ankylosis and muscular atrophy will follow simple disuse. Had the woman remained under the care of Dr. Loomis, and begun to use her leg at the proper period, there is no reason to doubt that she would have regained its use in a short time. And had she recovered with just the deformity that now exists, a jury would hardly have considered the deviation from the normal line of the bone to have been sufficient ground for damages. But even this deformity would hardly have occurred had the patient been under medical care.

It is very evident that the physician at Walpole did not consider the deformity a very serious matter, for he did not propose to reduce it, although he saw it when the amount of union must have been very slight—being only seventeen days after the displacement probably took place, and only twenty-eight days after the injury. Had he thought it an important matter, he would, of course, have broken up the callus and restored the fragment to its place. There can be no doubt that this gentleman knows what is good practice in such a case, for his own deposition—which was read in court—stated that he had been many years in practice, and that *his leading branch is surgery!*

The mal-position of the tibia would never have made the plaintiff a cripple in any degree. Neither she nor her friends would have been aware that her leg had been broken, from any sensations she would experience or lameness she would exhibit.

It remains only to speak of the fracture of the radius. The best surgical authority (quoted above) has justified Dr. Loomis in failing to recognize it in the very unusual form in which it occurred. Had the patient remained under his care after the gradual displacement which produced the present deformity, no doubt he would have recognised it. Our present inquiry, however, is whether the existing deformity of the wrist is sufficient ground on which to rest an action. An examination of the evidence does not give us much light upon the subject. Mrs. Closson testifies that she is not able to do with her hand all the things she could before the injury. But the exact extent to which she is crippled, we have no means of knowing—for it was not introduced in evidence, and the medical witnesses in general had no opportunity to make an examination of her. The two gentlemen who did see her were not questioned in such a manner as to elicit an exact description of the degree of deformity and loss of power. They testified in regard to dislocation of the ulna, and disagreed. Every good surgeon, on reading the evidence, will see that there could have been no dislocation of the ulna at the time of the accident; since it would be impossible for a medical man to avoid discovering such a condition of the parts by the eye—or, if this will not be allowed by those to whom Dr. Loomis is a stranger, we may say that the wrist-joint could not have all its motions (as it had, by the testimony of both plaintiff and defendant), had dislocation of the ulna existed. Any other discrepancies of the medical witnesses in relation to the wrist may be reconciled by the explanation that the fact was not always kept in sight in the examination by counsel, that the fracture in question was *transverse*; much of the testimony related merely to fracture of the lower end of the radius, as it usually is, oblique, and necessarily attended with over-riding of the fragments, by the contraction of the extensor and flexor muscles of the radial side of the wrist, and consequent deformity that could not be overlooked by any physician, and that certainly did not exist four days later, when the patient said to the physician that "he need not trouble himself any more about the wrist," for "that is well enough." If there was no dislocation then, there is none now, unless the result of some subsequent injury. We have, then, no means of knowing to what extent the plaintiff is limited in the use of her hand. She seemed to have no difficulty in grasping her crutch, and her witnesses gave no testimony as to her inability to use it.

Upon what ground, then, was this suit brought? Can any one, after a careful perusal of the evidence, believe that it was undertaken in the honest conviction of the justice of her cause—in the belief not only that she was a cripple for life, but that the man against whom she made this accusation, and from whom she hoped

to wring enough to give her a living for the rest of her days, had been guilty of a wrong, had mal-treated and wilfully neglected her? We know not whether this suit was brought of her own free will or at whose instigation—whether from ignorance and cupidity on her part or on that of her friends. But at whatever door lies the sin of so flagrant an attempt to injure the reputation and seriously lessen the means of a high-minded, faithful and very competent young surgeon, the instigator has a great wrong to answer for. How can we believe that the woman who would sue the physician* who for thirty years had been prompt to answer her frequent calls for professional aid—much of the time without money and without price†—on so slight grounds as are shown in the evidence, could have any just claim in any case in which she might attempt to recover damages? Does not the fact that she brought an action against Dr. Campbell, who had no connection whatever with her case—and only saw her in a five minutes' call on the morning after the injury—does it not prove the utter baseness of the ground taken by her and her friends? Why was the physician who had charge of her passed by, and another selected for a suit? We cannot understand it, according to any honest mode of interpretation. We have observed in another similar case the principal passed by in favor of him who was at the most only an accessory; and we confess that if we were about to attempt to extort money from another, we too should select the man advanced in life, who in his years of toil had filled his purse full enough to repay the robber, rather than risk our success in attempting the pockets of the young surgeon whose character and expectations of future prosperity were all his wealth.

If there must ever be ignorance so gross and avarice so unprincipled, let us be thankful that the poor and the unenlightened will often find counsellors actuated by higher motives than the paltry profits of a suit, and so honest as to use the influence which they possess over their clients to prevent rather than forward so ill-judged an action.

INSANITY INDUCED BY RHEUMATIC IRRITATION OF THE BRAIN.

BY W. A. PECK, M.D., BERWICK, PA.

[Communicated for the Boston Medical and Surgical Journal.]

EMANUEL K., of German descent; aged 24 years, but apparently above 30; five feet eleven inches in height, shoulders broad, high and stooping; limbs long; weight 140 pounds; of moderate muscular development, and symmetrical; adipose tissue deficient; skin

* Dr. Campbell.

† During a part of the thirty years Dr. C. had given her his services, and a part of the time she had paid something, but she was in debt to Dr. Campbell \$200 on this account at the time she sued him.

dark, coarse and muddy; temperament bilious, with a peculiar suspicious, sulky, melancholic disposition.

At the age of ten years he became subject to epileptic convulsions, which continued until the age of 15. I have been unable to ascertain the full history of these convulsions, or their exciting cause. From the cessation of the epilepsy to his 21st year, he gradually regained his normal state, so as to be comparatively free from morbid nervous manifestations. He was, however, subject to cerebral congestion and derangement of the digestive organs, &c., on exposure to cold and wet.

At this age he had an attack of phrenitis, from which he had but an imperfect recovery. His head was the seat of distressing pain, accompanied by heat of surface, throbbing of the carotids, cold hands and feet, constipation, febrile exacerbations, and the other usual symptoms of cerebral irritation.

His bowels, though generally costive, sometimes were very loose, the costiveness alternating with diarrhœa. His urine was scanty and high colored, with lithic acid deposit. His mind now became sluggish, melancholy and irritable. The suspicion that his friends and neighbors should think him ill, was his constant and almost only anxiety. If one came to visit him, he would stray off to the woods, or any other place in which he might find a secluded spot to secure himself from observation.

A few months passed by under these auspices, without any very erratic symptoms. But an impulsive insanity suddenly developed itself in this wise: he started off at midnight on foot and travelled in a straight line, without rest or food, turning aside for no obstruction whatever, until he had reached a distance of thirty-five miles, when he regained his consciousness and retraced his steps. During his impulsive paroxysms he had nothing to say, though he would give rational answers to questions; he had no recollection of what transpired during his trip. The reason he assigned for this queer conduct was, that he must proclaim the Gospel to every creature, and that his mission was in distant lands.

These trips became at last an every-day occurrence, though of course not so lengthy. At one time he saddled his horse and started off in an easterly course. About one week afterwards, he returned without his horse. From closely interrogating him, his friends gathered the facts that he had passed through a town which (from his description) they supposed to be Mauch Chunk; after which, he had no recollection of any object he passed save a certain barn, near which, he said, he left his horse in the care of somebody (he knew not who), and went on his journey.

He came to his consciousness near Easton, worn out with fatigue and half starved. He inquired of the first passer-by for Berwick; but not gaining the desired information, he started for Philadelphia, from thence to Harrisburgh, where he "chartered the tow-path," which he well knew would lead him home.

He was known, on one occasion, to fall down and become per-

fectly rigid and unconscious, after which he had a paroxysm of convulsions. He then appeared to regain his senses, but started off and ran ten miles before he could be captured.

Before getting these paroxysms the local symptoms above enumerated became greatly aggravated, and forewarned his friends to secure him, which means, however, he was very sure to evade. He would neither eat, go to bed, nor get up, and would fly into a violent passion on the slightest provocation. He had his lucid intervals, in which he was harrowed with the fear that his friends would believe him insane, and at the same time he had his usual head symptoms, though in a less degree.

His physicians treated him for chronic encephalitis, with issues, setons, blisters to the scalp, cold effusions, mercury, antimony, &c., whose only effect was to enfeeble and render him obstinate and petulant, often inducing him to revolt from anticipated martyrdom *secundum artem*, and confide his case to some consummate empiric or wise old dame.

In the latter part of January, 1855, I first saw him. At this time he was in the habit of taking a trip every week and sometimes every day in succession. I found him laboring under an attack of rheumatism, which his friends supposed made him rational on the subject of locomotion. They gave me the history of the case as above, and by inquiry I ascertained that he was subject to rheumatism, but that it alternated with his cerebral difficulty. He first became affected in the ankles; then a metastasis to his knees, hips, back, shoulders and neck, would occur in succession. When it left the latter locality, it terminated in a paroxysm like the above, which seemed to serve as a crisis, for at the end of his journey he has neither rheumatism nor derangement of the brain.

Conceiving this case to be purely one of rheumatic irritation, I commenced the treatment with the use of alteratives and alkalies, which soon subdued the local affection, without the characteristic cerebral crisis following. I followed this course by a combination of a tonic and alterative treatment, as a prophylaxis and to repair his worn-out body, and presently left him as well as ever, save a minus quantity of mental calibre.

Aside from the interest which this case has in the pathology of insanity, it finely sets forth a characteristic of rheumatic inflammation, which is peculiar only to a specific phlogosis. The hypothesis that rheumatism is primarily a constitutional disease, and that the local manifestations result from the specific action of *materies morbi* engendered by mal-assimilation, the transformation of the tissues, or some modification of the secerment functions, and that that material is an excess of one of the normal components of the body, *i. e.*, *lactic acid*, is fast becoming probable by the rapidly accumulating medical evidence on this point.

This case supplies another prop to this important doctrine, in illustrating the influence of muscular action and the consequent activity of the organic functions in the removal of this

excess, and its sequence—rheumatism. It is a well-known fact that *lactic acid* is one of the agents concerned in the supply of animal heat, it being but a transformation of amylaceous and saccharine substances. Now the excessive exertion of this man, though it would predispose him to subsequent attacks of rheumatism, must directly augment the respiratory functions of the lungs and skin, as well as the secernent action of the kidneys and alimentary canal, all of which are concerned in the elimination of this acid. Accordingly we find him returning to his consciousness free from rheumatism and rheumatic irritation, as soon as his exertion had consumed the acid by combustion or egestion. His indomitable propensity to migrate, then, served as a safety-valve through which his rheumatism was blown off, thus protecting him from the uncontrollable phrenitis that must supervene were the irritating matters permitted to act upon the cerebrum for a great length of time. Indeed, during the last part of his illness he could not be induced to ride, always preferring to walk; as he said, "it relieves my head."

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE SUFFOLK DISTRICT MEDICAL SOCIETY.

J. B. ALLEY, M.D., SECRETARY.

JAN. 26.—*Abdominal Abscess.* Dr. CHANNING reported the following case.

The patient, a man *et.* 35, was seized with severe pain in the right iliac region, accompanied by a tremor, which appeared to be situated nearly on a level with the umbilicus. This was followed by night-sweats, nausea, much emaciation, and embarrassment of the bowels and bladder. An evacuation of pus and blood from the rectum occurred, and the tumor subsided: the last discharge of matter occurring in the course of two years and six months. After an exposure late at night on a steamer, he had a distinct chill, and a tumor formed in the left iliac region, accompanied with severe pain, and occupying as large a surface as the other. This was opened by Dr. Townsend, Sen., and discharged a quantity of pus having a faecal smell. The discharge continued for some weeks, with much prostration of strength, and he lost forty pounds in weight. Upon the subsidence of the second iliac enlargement, he was seized with pain in the right hypochondrium at top of right shoulder. This was soon followed by an enlargement which gradually extended downwards to a level with the umbilicus, and upwards to so great a degree as to project the ribs and fill the auscultatory space. There was dulness on percussion, but an attentive ear could detect the ordinary vesicular murmur, and no broncophony. After riding out one day, he coughed the same night, and raised a quantity of foetid and highly offensive matter, and continued to do so for some weeks. This occurred at the sea shore, whither he had gone on account of the heat of the weather, and frequent night-sweats. The sputa did not possess a cadaveric smell, nor was the breath at all tainted as in gangrene of the lungs. Here, then, were three consecutive attacks of disease, each terminating in suppuration. Ten days ago, he was seized with severe pain in abdomen, accompanied with a chill, but the difficulty subsided, and he is now well, complaining only of an occasional feeling as if ligatures were drawn around the organs.

Dr. BOWDITCH reported the following case.

The patient, a woman, two years since had an enormous effusion into the cavity of the chest, threatening immediate death. Paracentesis thoracis was performed twice, and a large quantity of fluid drawn off, with great relief. The lung expanded, but still an extreme dulness on percussion remained, and the attending physician diagnosed "tubercular consumption." Dr. B. thought that it would probably end in phthisis, but as he could not find any positive physical signs, except those of chronic pleurisy, he refrained from expressing a decided opinion in the case. After this, the patient slowly improved, resumed her household duties, and considered herself as improving in health, her cough having almost entirely subsided. A few weeks since, she was suddenly seized with acute inflammation within the pelvis, and died. Not a trace of tubercle was found in either lung, but in the cavity of the pleura, on one side, a pint of pus, the lung on that side being much increased in density by the compression of the fluid effused.

Dr. Bowditch alluded to the case of a child, aged 7, who, after having been thoroughly chilled, was seized with violent pain in the right side, followed by hemiplegia. He recovered from the paralysis, but every year, during cold weather, has violent pain of a neuralgic character for three or four weeks, extending down the right side, and accompanied with constant twitching of the muscles of the face. The pulse was strong and firm, mind clear. Digitalis was exhibited, combined with opium, and the child ordered to be sent to a warm climate.

Dr. C. PAGE inquired what effect veratrine would exert?

Dr. B. replied that he thought it might be a valuable adjuvant in the treatment.

Dr. BUCK alluded to the case of a woman, who, after a natural, easy labor, in which the pains were regular, and the child was not thrust forcibly into the world, had, ever since its birth, been unable to retain her feces. No laceration of the perineum had occurred. Astringent injections had been tried without effect.

DEC. 29.—Dr. KEEP made some remarks upon the mechanical influence of the teeth in one jaw upon the relative position of those in the opposing jaw. He exhibited a double cast of the teeth of a lad of 14 years, in which the six front lower teeth were forced forward by the strong, canine teeth of the upper jaw coming between the canines and bicusps of both sides in the lower jaw, making considerable space between them, which was wholly unavailing to the displaced teeth by reason of the wedge-like action of the upper canines. In this case, the upper and lower front teeth articulated on their points, or cutting edges, which will no doubt cause them rapidly to wear down, and eventually to be called double teeth. He also remarked that cases frequently occur where the oblique angle of the articulating surfaces of two or more teeth to the plane of the jaw, was a cause of suffering, and premature loss of the teeth by dislocation. He had found the removal of a prominent point, by filing or cutting from one or both of the teeth which impinge thus unfavorably, of essential service.

In answer to a question from Dr. J. B. S. JACKSON, Dr. Keep stated, that decay did not usually follow the abrasion of enamel on the grinding surfaces of an adult tooth, though in other situations, as between contiguous teeth, the integrity of the enamel was very important.

Dr. Bowditch inquired what had been Dr. Keep's experience as to the effect on the health, where whole sets of artificial teeth had been worn. Dr. Keep called to mind several cases where persons had greatly improved

in health, spirits and appearance after being supplied with new teeth. Dr. Bowditch remarked that he made the inquiry because he had recently had a patient who thought that his appetite was impaired by the use of false teeth.

Dr. GOULD inquired of Dr. Keep if he had seen any cases where the lateral incisors were not present. Dr. K. replied that he had, and that a patient, aged 55, had called on him that very day, who had cut a canine tooth within two years. Dr. Homans, Sen., added that he knew of a similar case, where the patient, a female, had cut a good sound canine tooth at the age of 64 years.

Dr. JACKSON alluded to a case of salivation, caused by minute doses of blue mass, which might have been avoided if due regard had been paid to the idiosyncrasy of the patient. Dr. Homans, Sen., mentioned a case of salivation occurring in a child, affected with bronchitis, where the quantity of calomel exhibited was very small and the bowels were freely opened.

Dr. Jackson reported a case of a child of eighteen months, who had a propensity to swallow every article which it could take in its hand, and put into its mouth. In the course of three or four days it had passed from its bowels several pins and buttons, and also a cuff-pin, which had been voided with the pin unclasped.

Bibliographical Notices.

Twenty-third Annual Report of the Trustees of the State Lunatic Hospital, at Worcester. December, 1855. Boston: William White, Printer to the State.

Reports of the Trustees and Superintendent of the Butler Hospital for the Insane. January, 1856. Providence: Knowles, Anthony & Co., Prs.

In few things is the beneficial influence of the science of medicine more plainly exhibited, than in the treatment of the insane. Next to the improvement in the general sanitary condition of our race, which has been gradually effected by the increasing efforts of enlightened and benevolent physicians, its results may be considered among the most important achievements of our profession, and among those which have been brought comparatively near to perfection—for while the ignorance, prejudice and cupidity of mankind have so long opposed, and will continue to oppose the progress of sanitary reform, the good effects of rational treatment on the insane have been so obvious that comparatively slight opposition is offered to its advancement; hence, although there is every reason to believe that improvement will be constantly made in this department of medicine as in every other, it seems probable that we must look to the extension of its benefits rather than to any new discoveries of importance in the method of treatment. The *prevention* of insanity is a field which offers a richer harvest at the present day, than its *cure*.

It is a cause of congratulation that the subject of insanity has received so large a share of attention in this country. From various quarters we have received the annual reports of hospitals for the treatment of this disease, a large proportion of which are maintained at public expense, showing the confidence of the community in the means employed for relieving the unhappy victims of mental disease. Our limits oblige us to confine ourselves to the notice of one or two only of these institutions. The Twenty-

third Report of the State Lunatic Hospital at Worcester, gives an account of the state of that large establishment which is much more satisfactory than that of the previous year, owing to the relief afforded to its over-crowded wards by the opening of the Taunton Hospital. Among other improvements, we notice the abandonment of the "strong rooms," of which there were thirty-six in the hospital. Twenty-four of these have been changed into four large, airy and handsome parlors, or sitting rooms. The Trustees say, "the six strong rooms remaining in the female department have none of them been occupied during the summer, and those in the male department but rarely. That strong rooms are not often necessary, is proved by the fact that in the female department, two small girls, of nineteen and twenty years of age, have the superintendence of about a dozen of the most excited patients, and, by their resolution and kindness, keep them under entire restraint." Another improvement is the construction of recesses in the halls, by removing partitions between rooms, thus rendering the halls light and convenient, and affording nooks which are much frequented by the patients.

The importance of making some change in the mode of warming and ventilating the building, has long been felt by the Trustees, both as a security against fire (a source of constant anxiety to the resident officers), and as a means of economy. We are glad to see that the requisite alterations have been begun for this great improvement, which is upon the plan of that adopted in the hospital at Utica, N. Y., but with such modifications as experience has suggested. The three kitchens will be replaced by one, in which all the cooking will be done, chiefly by steam.

The able report of Dr. Chandler will be read with interest. It shows the condition of the institution to be excellent, and that its officers are guided by the soundest principles in the treatment of the patients. The whole number of patients admitted during the last year was 199; these, added to the number remaining at the close of the previous year (381), make a total of 580 under treatment. The number on the 30th of November last, was 336. The number discharged was 244, of which 109 had recovered, 26 were improved, 82 were incurable, and 27 died. The whole number of admissions since the hospital was opened, is 4,956. The whole number of recoveries is 2,234, or about forty-six per cent. of the admissions. The tables included in this report are ample, and by the variety of statistical information they convey, add much to its value. Besides showing the condition of all the patients during the year, the admissions, discharges and results, the expenses, the causes of insanity, duration of the disease, causes of death, &c. &c., it contains meteorological observations taken three times daily, comprising the state of the barometer and thermometer, the amount of rain and snow, the direction and force of winds, clouds, &c., and a table of the season of flowering of various plants on the estate. It is surprising that this example is not more frequently followed in reports of hospitals. In most instances the only statistics afforded, are the number of admissions and discharges, and the results.

We are sorry to see that Dr. Chandler, the able superintendent, who has held that office for ten years, has resigned his connection with the hospital. The State can ill afford to sustain such a loss. In noticing this event, the Trustees pay a well-deserved compliment to "the fidelity and signal ability with which Dr. Chandler has discharged the duties of his position, and to the great success which has attended his labors during the whole period of his superintendence." The Trustees have appointed Dr. Merrick Bemis,

who has been a physician in the hospital during the last eight years, to be the successor of Dr. Chandler.

Dr. Ray's excellent report will be read with interest by all who are interested in the subject of insanity. We hope that many, who by their benevolent, but ill-judged measures are continually thwarting the best efforts of those having the care of the insane, will be convinced by his judicious advice that the progress towards recovery may be often seriously interfered with, and sometimes wholly arrested, by frequent visits to the patient on the part of friends. In the words of Dr. Ray, "To a person laboring under any degree of maniacal excitement, and to many of those also whose aberrations are of a depressing character, the sight of old friends, after a long separation, stimulates the mental movements already beyond control. By calling up a host of old associations, by exciting painful suggestions, and thereby, perhaps, plunging the mind into a chaos of conflicting emotions, the vital movements of the brain are precipitated, the excitement which had been allayed by the temporary seclusion is kindled afresh, and thus the hold of disease is strengthened. The dearer the friend, the greater the emotion. The same person who would meet a stranger with comparative indifference, might be agitated beyond control by the sight and conversation of those who are bound to them by all the ties of blood and affection."

The number under treatment in the Butler Hospital during the past year was 187. The number discharged was 50, of whom 20 had recovered, 15 were improved, 4 unimproved, and 11 died.

Treatment of Displacements of the Uterus with the Abdominal Spring Pessary. By J. McF. GASTON, M.D., Columbia, S. C. Charleston: Walker & Evans. 1856.

We have received a copy of the above pamphlet illustrated by four lithographs, describing and setting forth the advantages of a pessary suggested by Dr. J. McF. Gaston, of Columbia, S. C. We do not doubt the instrument would serve well in those cases, the treatment of which requires such an adjuvant, but we do not see any excellencies peculiar to it, or any new principle concerned in its form or method of application. It belongs to the class of stem pessaries—in which the instrument receives its support from a pillar or stem attached to a portion of the apparatus worn externally. These were originally designed, we believe, by Hervey de Chegoine, and have been almost indefinitely modified by Dugès, Rognetta, Gerdy, and many others. The simplest form that we know of, is that of Dr. Coale, of this city, which consists of a common circular pessary, as small as possible, mounted on a stem of brass wire, which is supported by a perineal strap. This strap is attached to a body-belt fitted to the abdomen so as to give necessary support to its walls and their contents; cheap in material, and so simple that an ordinary mechanic can readily make it. In Dr. Gaston's instrument the material is silver, and the bulk considerable. It seems to us, too, that the pessary supported and kept in place solely by a stem passing up in front of the abdomen and there attached to a spring supporter, would be very liable to receive considerable succussion and even painful displacement from force accidentally applied to the spring or support, and also that there would be difficulty in adjusting the spring, after it has received its temper, to the curvature under the pubis, &c.

The last dozen lines of the pamphlet seem to carry the idea that Dr. Gaston is under the impression that the application of such things is a novelty, and that some new facts and statistics may be obtained in using his

peccary. We see no reason for such expectations, or that it will do any thing to alter the increasing opinion with regard to the use of peccaries: viz., that they should be adopted only as adjuvants—only when they are absolutely necessary for the patient's comfort—and only until general and more thorough means can be used to restore tone to the system at large, and to the parts concerned in particular.

A Practical Hand-book of Medical Chemistry. By JOHN E. BOWMAN, F.C.S., Professor of Practical Chemistry in King's College, London. Second American, from the third, and revised London edition. Philadelphia: Blanchard & Lea.

This little work on Medical Chemistry, which is certainly the most complete and practical of any ever published on this subject, we are pleased to see is sufficiently appreciated and made use of by the medical profession to demand a new edition. The original edition, published in London, in 1850, was so carefully prepared, that little material has been found to be embodied in the two succeeding editions, except the relation and application of a few recent discoveries. The manual gives instruction in the analysis of, and examination for substances which are commonly looked for in blood, milk, urine, pus, calculi, &c., and for the detection of arsenic, lead, mercury, oxalic acid, opium and other poisons. The practitioner and the student, aided by the knowledge of chemistry and of the microscope, now acquired in the study of medicine, with a good, but not necessarily expensive microscope, a few test tubes and watch glasses, and a moderate amount of experience, will be enabled, by reference to this book, to examine and pronounce, quite accurately, upon the nature of many morbid productions, which he would otherwise be compelled to place in the hands of a chemist and microscopist.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MARCH 27, 1856.

BIRTHS, MARRIAGES AND DEATHS IN BOSTON, FOR THE YEAR 1855.

THE Report of the City Registrar of the births, marriages and deaths in Boston during the past year is just issued, and by the value of its contents, and their excellent arrangement, does much credit to Mr. Apollonio. We shall lay before our readers a few of the principal results which it contains, referring to the report itself for many details of interest and importance which our space will not enable us to copy. We believe that the subject of vital and mortuary statistics have no where in this country received so much attention as in our State, and that but few tables on this subject are more relied on for practical information than ours. There is, however, much room for improvement, as we shall see, and we trust that the suggestions of the Registrar will be adopted by the State and Municipal Governments, whereby the accuracy, and, consequently, the usefulness of the returns will be greatly enhanced.

The increase in the number of *Births* over that of the preceding year is 128, or very nearly the average increase of the last six years. The total number was 5,816, being in the ratio of 1 to 27.93 of the population. Of

these, 50-30 per cent., or more than one half, were children of Irish parents, while only 24-34 per cent. belonged to American parents. There were 29 births of colored children, being one to 76-55 of the colored population. There were 50 instances of twin births.

The number of *Marriages* during the past year was 273 less than the number recorded during the previous year. Out of 1,159 American males married, 969 were united to American females. Of 1,110 Irish males, 1,025 married Irish females. Hence 33-94 per cent. of their increase will be of purely native blood (supposing the parentage of the parents to have been of that character), while 35-90 per cent. will be of unmixed Irish, and 30-16 per cent. of an amalgamated character. There were 35 marriages between colored persons, besides 9 instances in which one of the parties (the male) was black, and the other white. The largest number of marriages of males occurred between the ages of 21 and 25; with females, the most common age was between the 20th and the 25th years.

The department relating to the *Mortality* of the year is the most important in the Report, as it is the one from which statistics for the calculation of the average duration of life, the prevalence and fatality of disease, the effect of season, atmospheric and hygienic conditions upon the public health, and other valuable results, may be obtained. The returns are probably as accurate as those of any other city in our country, but as we have stated they might easily be made more so, and we hope that an effort will be speedily made to bring the matter before the proper authorities. We cannot do better than to quote the words of the City Registrar, on this subject.

"A large portion of the mortality is made up from those who received no medical attendance during their illness, and therefore no professional statement of the causes of their death was to be obtained. In such cases, the particulars required for registration were only to be derived from the most unintelligent sources; and so manifestly incorrect were many of these, that it was preferred to record the causes of death as "unknown," rather than to duplicate the absurdity on the face of the return. As long as the present law remains in force, requiring undertakers, instead of physicians, to make returns of deaths, it is not easy to see how any amendment in this respect can be looked for. It would seem, that the correct ascertainment of the *cause* of death was one of the first objects of the Registration system; but until some other method of reporting shall be adopted, this desirable result, it is clear, cannot be looked for."

The number of deaths in Boston during the past year was 4,080, being 361 less than during the preceding year, and 204 less than in 1853. The rate of mortality was 1 to 39-88. Compared with that of New York for 1853 (1 to 29-58), and of Buffalo for 1854 (1 to 25-90), this indicates the sanitary condition of Boston to be excellent. The average age of all who died was nearly 21 years. Of those who were foreign-born, together with their children (only 209 of whom reached their fifth year), the average age was only 16-33 years. A remarkable fact is that the average age of colored persons who died was over 23 years, being more than eight years in their favor over the whites. The rate of mortality among them, however, is greater than among whites, being 1 to 35-23. The advantage in point of age is chiefly confined to the females, who averaged 31 years.

The number of deaths occurring on each day in the year is shown in a table, which may be of some importance when compared with meteorological and other observations. The most fatal day was the 17th of July, when there were 31 deaths; but on the 6th of the same month there were

but 2 deaths, being the smallest number on any one day. The number of deaths from accidents appears larger than usual; this is because deaths from drowning, burns and scalds, or other casualties, are now for the first time included under that head.

Of the various causes of death, Consumption, as usual, holds the first rank, the number of its victims being 735, or upwards of 18 per cent. of all the deaths. Of this number, more than one half were born in Ireland, the two sexes being in nearly equal proportion; while of those born in the United States, the females considerably preponderate. Next to Consumption, "Infantile Diseases," including the various affections which prove fatal during the first few days after birth, were the most fatal, the number of deaths being 278, or 6·81 per cent. of the whole. Although not so stated, it is probable that the immense majority of these occurred among foreigners. There were 231 deaths, or 5·66 per cent. from cholera infantum, being an increase of 149 on the preceding year. Of this number, 168 were children of foreigners. Of Typhus, Typhoid and Scarlet Fever, 12, 78 and 67 deaths are reported. The deaths from Diseases of the Lungs amount to 226, or 5·53 per cent. of all deaths. Smallpox counts 152 victims, an increase of 64 over the number reported last year. The number of deaths of children under five years of age has increased, being 49·24 per cent. of all the deaths, against 44 per cent. for the preceding year.

An interesting table is given, showing the average age of those whose professions and occupations were known. From this we find that the longest-lived occupations were those of lawyers (60·20 years), "Gentlemen" (59·83 years), and Merchants (58·81 years). The shortest-lived, those of Carriers (28·50 years), Clerks (32·98 years), and Teamsters (34·40 years). The average age of 5 physicians who died during the year was 49·8; the extremes being 25 and 72. These statistics are not, however, conclusive as to the effect of different professions on the health;—the individuals following certain occupations (as clerks), being all young men, while in other cases the number is too small to furnish reliable data.

GIFT OF MEDICAL BOOKS TO THE PUBLIC LIBRARY.

We learn from the papers that Dr. WALTER CHANNING has presented a large portion of his medical library to the City Library. The value of a part of this gift consists in its collections of books on Legal Medicine, Medical History, and Midwifery, made nearly half a century ago, by Dr. C., when a student in London and Edinburgh. Among them are the writings of the earlier and later fathers in medicine, which have their value in their rarity and in the illustration they afford of the progress of medicine, as made by the best minds of different ages. We learn that the object of this donation is to make the profession here partakers with their owner in such opportunities as it may afford of professional study and usefulness.

Ninth Annual Meeting of the American Medical Association.—We are requested by Dr Wm. Brodie, of Detroit, one of the secretaries, to state that the next meeting of this Association will be held in Fireman's Hall, corner of Jefferson Avenue and Randolph street, in that city, and that delegates who are strangers can receive information there where accommodations can be had, or by calling at his office, No. 135 Jefferson Avenue, Masonic Hall, where he will do himself the pleasure of showing them comfortable quarters.

Medical journals please copy.

Medical Graduates.—In the list of graduates at the Massachusetts Medical College, published in the last number, the name of Mr. JOHN SPRING was accidentally omitted. The subject of his thesis was *Dysentery*. We would state that the error was our own, and not that of the Dean of the Faculty, who furnished us with the list.

Death of Dr. Roswell Bronson.—The Connecticut papers record the death of Roswell Bronson, M.D., of Oxford, New Haven Co. He was 31 years of age, and the disease which terminated his life is represented as double pneumonia, complicated by double pleuritis. The "Waterbury (Ct.) American" says of him, he "was one of the most promising physicians of his age in New Haven County, and bid fair to become one of the brightest ornaments of the profession. Assiduous in the practice of his profession, unwearied and self-sacrificing in his attentions to his patients, and kind and genial in his social intercourse, he was calculated to make friends, and warm ones too. He leaves a young wife and infant child, besides a large circle of relatives and friends, to mourn his loss."

Medical Miscellany.—Dr. Samuel W. Thayer, Jr., Professor of Anatomy in the University of Vermont, has been appointed to the chair of Anatomy in the University of Wisconsin.—A society was recently organized in the village of Jamestown, Chataque Co., N. Y., under the name of the "Jamestown Medical Society"—comprising the regular physicians of the southern towns of Chataque. At the first meeting a poem was delivered by Dr. Rhodes, and a lecture by Dr. Hazeltine. Dr. Hazeltine was chosen President; L. V. Axtell, Vice President; Wm. Smith, Secretary; S. Foote, J. Ellsworth, Wm. P. Bemus, Executive Committee. Their next meeting will be held at the Allen House on the first Wednesday of May of the present year.—The commencement of the Medical Department of the University of New York was held last week. The annual address was delivered by Dr. J. T. Metcalfe, and 97 students received the degree of M.D.—In anticipation of the accouchement of the Empress of the French, M. Paul Dubois is lodged at the Tuilleries, and forbidden to visit either private or hospital patients, for fear of bringing contagion into the palace.

Communications Received.—Two cases of very rare Cardiac Lesions.—Chloroform and Formic Acid.—Case of rare Skin Disease, treated at the Mass. Gen. Hospital.—Lobelia and Tartrate of Antimony in Rigidity of the Os Uteri.

Books and Pamphlets Received.—Physical Exploration and Diagnosis of Diseases affecting the Respiratory Organs. By Austin Flint, M.D., Professor of the Theory and Practice of Medicine in the University of Louisville, &c. (From Blanchard & Lea.)—Bronchial Injections, a Report, with a Statistical Table, &c. By Horace Green, M.D., LL.D., President of the Faculty, and Professor Emeritus of Theory and Practice in the N. Y. Medical College.—The Principles of Surgery. By James Miller, F.R.S.E., &c. Fourth American Edition. (From Blanchard and Lea.)—Analytical Compendium of the Various Branches of Medical Science. By John Niel, M.D., and Francis Gurney Smith, M.D. A new edition. (From Blanchard & Lea.)

DIED.—In New York, 18th inst., Dr Thomas Boyd, in his 84th year.

Deaths in Boston for the week ending Saturday noon, March 22d, 68. Males, 44—females, 24. Apoplexy, 1—asthma, 1—inflammation of the bowels, 2—bronchitis, 1—inflammation of the brain, 2—congestion of the brain, 2—disease of the brain, 2—consumption, 15—convulsions, 3—croup, 1—dysentery, 1—dropsy, 1—dropsy in the head, 1—debility, 1—infantile diseases, 1—puerperal diseases, 1—erysipelas, 1—typhoid fever, 1—scarlet fever, 1—disease of the heart, 3—inflammation of the lungs, 4—marasmus, 4—measles, 4—old age, 1—peritonitis, 1—pericarditis, 1—pleurisy, 1—smallpox, 2—suicide, 1—teething, 2—disease of the throat, 2—unknown, 2.

Under 5 years, 24—between 5 and 20 years, 10—between 20 and 40 years, 18—between 40 and 60 years, 10—above 60 years, 6. Born in the United States, 46—Ireland, 17—England, 4—British Provinces, 1.

Dr. Beale's Reception.—A reception has recently been given, by upwards of fifty members of the dental profession in New York, to Dr. Beale and his family, at the house of Dr. Brown, near Jones street, to congratulate him, after the act of liberation awarded to him by the Governor of Pennsylvania.

Consumption Hospital in New York.—The trustees of this institution have made an appeal for funds to aid them in erecting a suitable building. This appeal is headed by Peter Cooper. Drs. Alonzo Clark and John H. Griscom are among the medical names. We can hardly conceive of a more useful, a more indispensable charitable institution, in a great capital like New York, where from one fourth to one seventh of all the deaths are from phthisis. We sincerely hope the trustees may be successful in obtaining ample means for constructing a hospital suitable to the wants of New York.

State Registration.—An order was adopted in the State Senate on Friday last, directing the Secretary of the Commonwealth, at the close of the session, to prepare and distribute to the clerks and registers of cities and towns, clergymen, &c., a circular, setting forth the duties of registers of births, deaths and marriages, with the penalties for not conforming to the requirements of the law. We hope this will have the effect of producing greater accuracy in the returns, and consequently of adding to the value of the Massachusetts Registration Reports.

Labor of Minors. A ten-hour law was reported on the same day (March 21st,) in the House, from a joint special Committee, on the subject, which provides that after July 4th, no minor shall be required to work in incorporated establishments more than sixty hours per week, or an average of ten hours per day.

Veterinary College.—A bill has been introduced in the New York Legislature to incorporate the New York College of Veterinary Surgeons of the City of N. York. The corporators are William Cooper, H. Williams, M.D., John Lockwood, Thos. D. Andrews, M.D., J. Ogle, M.D., T. Nortram, T. Grice and P. Green. The object is to promote veterinary science and instruction in the department of learning connected therewith. It allows them to hold and convey real estate to the amount of \$100,000. It gives power to the Trustees to confer the degree of V.S. (Veterinary Surgeon) on any man of the age of 21 years, who may have studied three years with some Veterinary Surgeon duly licensed, and have attended two complete courses of lectures, one of which shall have been delivered by the Professors of said College.—*N. York Daily Times.*

Deceased Convicts.—A bill was recently introduced into the Legislature of New York to amend the laws relative to the disposition of the bodies of deceased convicts, by giving to the Medical Faculty of the University of New York one third of the "subjects" furnished by the State from her prisons.—*Ibid.*

Uterine Asthma.—Dr. Simpson has reported several cases of uterine asthma connected with menstruation. He made a few preliminary remarks on the observations of some German physiologists, with regard to the quantity of carbon excreted from the lungs during menstruation. Dr. Simpson had seen several cases of asthma, where the spasmodic attacks recurred at each menstrual period. In some, the difficulty of breathing was very great indeed; some, so much so, that, in one case in particular, the breathing could be heard from any part of the house; in other cases, where the catamenia were scanty, but present, the attacks were not so severe, the dyspnoea slight, but still recurring at the periods. Dr. S. mentioned the particulars of several cases, and stated that the dyspnoea was completely relieved by chloroform. Dr. S. wished the other members to assist him in investigating this subject.—*Edinburgh Med. Journal.*

[A similar case was reported in this Journal, by Dr. Hoyt, which was cured by the iodide of potassium. See Vol. LIII, p. 326.]—*Eds.*

The total mortality of Brooklyn, N. Y., during the year 1855, was 3,893, of which number 2,031 were males, and 1,862 females. Of this number, 424 died of consumption, 177 of pneumonia, 154 of croup, 286 of cholera infantum, 239 of scarlet fever, 48 of measles, 9 of smallpox, and 61 of typhus and typhoid fevers.—*New York Medical Times.*